

U.S. DEPARTMENT OF JUSTICE

MEDICAL RECORD OF FEDERAL
PRISONER IN TRANSIT

Federal Bureau of Prisons

I. Name: Baker Darryl No. 19613039
 II. Departed From: FPC Milan On: 10-18-95
 III. Destination: McK Name of Institution Date
 IV. Reason for Transfer: _____
 V. Major Diagnosis: Healthy PHOTOGRAPH
 VI. Medication for Care Enroute: None
 VII. Special Instructions: None

VIII. Work Classification:
☐ Regular ☐ Food Service Qualified ☒ Restrictions (explain) Not fully evaluated
 Recreation Classification:
☒ Regular ☐ Other _____
☐ Restrictions (explain) _____

Certifying Medical Staff Member

P.A.
MARIO BAYONETO, PA

PROGRESS NOTES ENROUTE

Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
10-4-95			Ø PRD

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.
 * Signify "Bus" where indicated.

ORIGINAL - Transporting Officer

CANARY COPY - To be placed in Unit Health Record, top page in position one

PINK COPY - To be retained at the Transferring Institution as Backup

BP-149(60)

October 1980

000068

AS, CLEAVAGE, 01/04/06

000069

NSN 7540-00-834-4176

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10-4-95

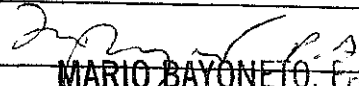
S - Received FDC - Milan

1375

O - 6 mts, 6 hrs

A - Hx of drug abuse

P - informed sick call procedure


 MARIO BAYONETO, F.A.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FDC-MILAN

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

Baker, Darryl

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

19613-039

DATE OF BIRTH

000070

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

MEDICAL RECORD OF FEDERAL
PRISONER IN TRANSIT

I. Name: Baker Darryl No. 19613-034

II. Departed From: F.B.C. MILAN On: 8-7-95

III. Destination: DSM Name of Institution _____ Date _____

IV. Reason for Transfer: NON MEDICAL Name of Institution _____

V. Major Diagnosis: hypertension PHOTOGRAPH _____

VI. Medication for Care Enroute: none

VII. Special Instructions: C.D.C. UNIVERSAL PRECAUTIONS ARE TO BE OBSERVED WHEN TRANSPORTING ANY INMATE.

VIII. Work Classification:
☐ Regular ☐ Food Service Qualified ☐ Restrictions (explain) not fully evaluated
 Recreation Classification:
☒ Regular ☐ Restrictions (explain) _____
 Housing:
☒ Regular ☐ Other _____

DAVE ANDERSON, HSA
 Certifying Medical Staff Member

PROGRESS NOTES ENROUTE

Date	Time	Institution*	Symptoms, Findings, Medications, Treatment, Orders, etc.
6-9-95			Ø PPD

INSTRUCTIONS: Original, shall be delivered to Officer in Charge of shipment, who will carry them on a clip board for ready reference and turn them over to the receiving medical personnel at holdover institutions, where they shall serve in lieu of other medical forms. Carbon copy to be packed with prisoner's individual medical file. Bus Drivers will pick up originals from medical department at each holdover institution when shipment is ready to proceed and eventually deliver them to the medical staff at receiving institution. Enter all medical transactions enroute, adding additional sheets, or other records as necessary.
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 PINK COPY - To be retained at the Transferring Institution as Backup

000072

BP-ADMIN 71
 October 1980

NSN 7540-00-694-4178

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6/8/95

32 BM NK (Hx)

1525 (B) R & D intake screen

(C) @ luc?

(D) Polyph. abuse

(E) Informed write of 5/6 sign-up procedure

Stephen Gidel P.A.

STEPHEN GIDEL, PA
PHYSICIAN ASSISTANT

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FDC-Milan, Mi.
Milan, MI 48160RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

BAKER, DARRYL

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

19613-039

DATE OF BIRTH

000013

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

#DC Milan

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD	DATE
----	------

LAB 12.15

REMARKS

MD

TECH

6-13-95

TEST(S)		SPECIMEN TAKEN
DATE	TIME	
6-13-95	9:00 AM	
RESULTS	REQUESTED	(X)
	ROUTINE	
yellow	COLOR	
1.015	SPECIFIC GRAVITY	
0.2	UROBILINOGEN	
0	BILIRUBIN BLOOD	
0	BILE	
0	KETONES	
0	GLUCOSE	
trace	PROTEIN	
6.5	pH	
	MICROSCOPIC	
	WBC	
	RBC	
	EPITH CELLS	
	WBC	C
	RBC	A
	HYALINE	S
	GRANULAR	L
	BACTERIA	
	CRYSTALS	
	MUCUS	
	NITRITE	
	RENCE JONES PROTEIN	
	HEMOSIDERIN	
	HLG	
<p><i>[Signature]</i> URINALYSIS</p> <p>Standard Price \$20.00 per 4 General Services Administration and its agencies are authorized to purchase at this price.</p>		

Baker, Darryl

WARD NO.

114613-030

FDC-MILAN

LABORATORY REPORTS
Standard Form 814

Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
October 1975 514-108

000076

16Aug 2004 07:49 FROM:LABCORP I BLK

TO:13304247100

L JRP

PAGE 001

To: FCI Elkton-Camp. Medical

Specimen #	Type	Primary Lab	Report Status	Pg
226-430-5050-0	R	CB	Final	1
Time 0900				
SPEC THROAT				
ID# BDM34123615				
Name		Sex	Age (Yr/Mo)	
BARNER, DARYL		M		
Date Reported		0000		

LabCorp

Clinical Information		Fasting: N
Physician ID	Patient ID	
BARNES	19613039	
FCI Elkton-Camp. Medical		34123615
Fax 330-424-7180		
8730 Scroggs Rd		
Elkton, OH 44415		
330-424-7448		

RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Beta Hemolytic Streptococcus, A Only	Final report			CB
				CB

Beta Hemolytic Streptococci
Isolated

Penicillin continues to be the drug of choice for infections caused by beta hemolytic streptococci in groups A,B,C and G. No penicillin resistance has been described among these organisms and surveillance for emerging resistance is not recommended. (Sahm, DF. Clinical Microbiology Newsletter, Jan. 1994; Gordon, KA, et al. Diagnostic Microbiology and Infectious Disease, June, 2002.)

Lab: CB LabCorp Dublin Director: Rose Goodwin, MD
6370 Wilcox Road Dublin, OH 43016-1296

For inquiries, the physician may contact: Branch: 800-542-7708 Lab: 614-889-1081
Last Page of Report

ROSS QUINN, M.D.
MEDICAL OFFICER

AUG 30 2004

JANE M. BARNES
Physician Assistant

pt tx given
8/13/04

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-542-7708

REPORT

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Report Date: 08/16/04 Report Time: 07:47 ET All Rights Reserved

BARNER, DARYL

000077

Levittown, PA 19058
(215) 943-0700

PAGE: 1

SHANTY RDS

14) 362-8 900 X4

PATIENT: BAKER, DARRYL
 AGE: 33 YRS SEX: M
 DATE OF BIRTH: 06/30/62
 PATIENT ID NO.: 19613039
 COLLECTION TECH: RA

SAMPLE ID: 1101626
 DRWN: 02/22/96 13:30
 RCVD: 02/26/96
 PRNTD: 02/27/96 12:30
 STATION:
 ROOM...:
 BED....:

REPORT **

ATTENDING PHYS: OLSON

NAME	NORMAL	OUT OF RANGE	UNITS	REFERENCE RANGE
FF	.0..			
DOO COUNT		0.7 L	K/uL	4.6-10.2
D CELLS		4.66 L	M/uL	4.69-6.13
IN		13.1 L	g/dL	14.1-18.1
IT		41.7 L	%	43.5-53.7
	89.5		fL	80.0-97.0
	28.2		pg	27.0-31.2
		31.5 L	g/dL	31.8-35.4
COUNT.	213		K/uL	142-424
	13.3		%	11.6-14.8
DIFFERENTIAL				
ILS	53.1		%	37.0-80.0
TES	41.0		%	10.0-50.0
S	1.8		%	0.0-12.0
ILS	3.9		%	0.0-7.0
S	0.2		%	0-3.0

DIFFERENTIAL CONFIRMED BY MANUAL OBSERVATION.
 NOTE; SAMPLE IS VERY OLD, RESULTS MAY BE INVALID

OLSON, MD
 CLINICAL DIRECTOR

KANE COMMUNITY HOSPITAL
 Clinical Laboratory
 N. Fraley St. P.O Box 778
 Kane, PA 16735
 James D. Blanding, Jr., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

Location: FCI

Darryl

Doctors: OLSON, DENNIS M.D.

Case #: 39402
 Med Rec #: 16475
 Service: FCI

+++++ Hematology +++++

	WBC x10 ³	RBC x10 ⁶	HGB g/dl	HCT %	MCV fl	MCH pg	MCHC g/dl	PLT x10 ³
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
12/08/95 1549	3.7 L	4.79	13.9	41.8	87	29.0	33.2	255

	RDW %	MPV fL	LYMH %	MONO %	GRAN %
Ref	11.6	7.4	15.0	1.7	42.2
Range:	16.5	11.0	41.0	9.3	75.2
12/08/95 1549	12.7	8.3	29.1	11.3 H	59.6

MANUAL DIFF:	BAND %	SEG %	LYMPH %	MONO %	EOS %	BASO %	MET %	MYELO %	OTHER %	NRBC /100 WBC
12/08/95 1549	1	60	30	7	2					

↑ lymph
some ↓ in WBC
↓ in CBC

D. OLSON, MD
 CLINICAL DIRECTOR

S. Czekai, MT
 S. CZEKAI, MED. TECH.

000079

BAKER, 19613-039

FCI

06031962 M

Age: 31

KANE COMMUNITY HOSPITAL
 Clinical Laboratory
 N. Fraley St. P.O. Box 778
 Kane, PA 16735
 James D. Blanding, JR., M.D. Director (814) 837-8585

Patient: BAKER, 19613-039

Darryl

Doctors: OLSON, DENNIS M.D.

Location: FCI MCKEAN

Case #: 37303
 Med Rec#: 16475
 Service: FCI

+++++ Hematology +++++

	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	PLT
	x10 ³	x10 ⁶	g/dl	%	f1	pg	g/dl	x10 ³
Ref	4.8	4.20	12.0	37.0	80	27.0	33.0	130
Range:	10.8	6.10	18.0	52.0	99	37.0	37.0	400
	-----	-----	-----	-----	-----	-----	-----	-----
11/08/95 1604	3.3 L	4.61	13.9	39.4	86	30.2	35.3	222
	RDW	MPV	LYMH	MONO	GRAN			
	%	fL	%	%	%			
Ref	11.6	7.4	15.0	1.7	42.2			
Range:	16.5	11.0	41.0	9.3	75.2			
	-----	-----	-----	-----	-----			
11/08/95 1604	12.7	8.3	30.1	9.2	60.7			

D. OLSON, MD
 CLINICAL DIRECTOR

FCI, McKean
 PO Box 5000
 Bradford, PA 16701

S. Czekai, MT
 S. CZEKAI, MED. TECH.

000050

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

2110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg

(507) 287-0674 EXT. 503

Printed: 06/14/1995 @ 14:17

*** FINAL REPORT ***

Name: BAKER, DARYLL

[9343]

ID: 19613-039

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

COMP BLD CNT

White Blood Ct	4.4	x10 3/ml	3.8	10.8
Red Blood Ct	4.73	x10 6/ml	4.60	5.76
Hemoglobin	14.1	g/dl	14.0	16.0
Hematocrit	40.7	%	40.0	48.0
MCV	86	fl	83	96
MCH	29.7	pg	27.0	33.0
MCHC	34.6	%	32.0	35.0
RDW	12.1	%	0.0	14.0
Platelet Ct	202	x10 3	175	400
RPR	Non-Reactive			

-- End of Laboratory Report --

Tests | COMP BLD CNT
 ordered|

ID : 19613-039

Name: BAKER, DARYLL

Ordered By: DR. PARKER

Collected : 06/13/1995 09:00

DOB: 06/30/1962 Age: 32 Sex: M

Lab Acn#: 9343

Loc: FCI Milan CAMP

Reviewed

000081

FSC 2

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinat process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

Impression: 1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.
2. Minimal mucosal thickening, left maxillary sinuses. The remainder of the paranasal sinuses appear clear. No air fluid levels are identified.
3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

000082

4-1305
no 76

FSL?

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE BRAIN W/O CONTRAST

HISTORY: Left orbit fracture. °

TECHNIQUE: Axial sections are obtained from the base of the skull to the vertex. The patient also is having a CT scan of the orbits. Please see orbit report.

FINDINGS: The ventricular system is midline without evidence for hydrocephalus, mass effect, or midline shift. No intra-axial or extra-axial fluid collection or evidence for acute intracranial hemorrhage is seen. On the images obtained through the brain, the visualized portions of the paranasal sinuses and mastoid air cells appear clear.

Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

4-1305
WJW
000083

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE BRAIN W/O CONTRAST

HISTORY: Left orbit fracture.

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Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

4105
MK
MICHELE J. FELLER, D.O.
CLINICAL DIRECTOR

000084

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

4/105
m
DIRECTOR

000085

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE BRAIN W/O CONTRAST

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Impression: Grossly unremarkable non-contrast CT of the brain.

CHARLES MUCHNOK, M.D.

CM:dk

000086

44105
MICHELE J. KELLER, D.O.
CLINICAL DIRECTOR

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

40105
MICHELE J. KELLER, D.O.
CLINICAL DIRECTOR 000087

<<Page 1>>

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL
PO BOX 5000
BRADFORD

Phone#: (814) 362-8900
PA 16701

Date: 04/09/04
Time: 10:31

Ref Phys :

Att Phys: PHYSICIAN, OTHER

Adm Dx: LEFT EYE MUSCLE ENLARGEMENT

Adm Phys:

Tech: JANB

Procedure: 0400 CT - Brain and Orbits

Approval #:

Explained to Pt: Y

Req Phys: DR. BEAM

Preg: NA Shielded: NA

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Preg Status: Patient is Male

LMP Status:

Consent: Y Prepped: Y

2nd Chk LMP: NA

Cont. Sensitive: N

Oral contrast: N

Alrqv: N

Lab Tests: N Attempts: 1

Contrast: OMNI

Dose: 90

Time: 10:30

Site: LT ELBOW

Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD

0400 CT - Brain and Orbits

Date Typed: 4/13/2004

Date Dictated: 4/13/2004

REDICTATION:

CT ORBITS:

Apparently the patient has a history of a traumatic injury several months ago and is complaining of diplopia and difficulty with upper gaze. There is irregularity involving the floor of the orbit. This appears old. No obvious muscle entrapment is noted at this time however the inferior rectus is very close to the ridge. There is slight mucosal thickening however this appears chronic.

IMPRESSION;

Old fracture involving the floor of the orbit.

CT BRAIN:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No
 <<<<<<<<<<<<<<<<< CONTINUED on Next Page >>>>>>>>>>>>>>>>>

Electronic verification by Mark J. Welch, MD

H. BEAM, MD
FCI MCKEAN

000088

DISREGARD THE
ORIGINAL CT REPORT
THIS IS THE - REVISED READING

<<Page 2>>

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL # 19613-039 Phone#: (814) 362-8900 Date: 04/09/04
PO BOX 5000 BRADFORD PA 16701 Time: 10:31

Ref Phys: Adm Dx: LEFT EYE MUSCLE ENLARGEMENT Tech: JANB
Att Phys: PHYSICIAN, OTHER
Adm Phys: Procedure: 0400 CT - Brain and Orbits

Approval #: Explained to Pt: Y
Req Phys: DR. BEAM Preg: NA Shielded: NA
Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine Date to do: 04-09-04 Consent: Y Prepped: Y

Preg Status: Patient is Male 2nd Chk LMP: NA

LMP Status: Cont. Sensitive: N

Alrgy/Food: NONE Oral contrast: N

Alrg/Med: NONE Alrgy: N

Comments: Lab Tests: N Attempts: 1

Contrast: OMNI

Handicap: Dose: 90 Time: 10:30

Resuscitate: High Risk Falls: Site: LT ELBOW Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD
abnormal area of attenuation or enhancement is demonstrated. There is no
evidence of mass effect or edema. The posterior fossa and brain stem are
unremarkable.

IMPRESSION:

Normal CT brain.

gk

Electronic verification by Mark J. Welch, MD

*Disregard
original CT report
This is the revised
reading*

12/8/04
H. BEAM, MD
FCI MCKEAN

000089

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL
PO BOX 5000 BRADFORD PA 16701
Phone#: (814) 362-8900 Date: 04/09/04
Time: 10:31

Ref Phys:

Att Phys: PHYSICIAN, OTHER

Adm Dx: LEFT EYE MUSCLE ENLARGEMENT

Adm Phys:

Tech: JANB

Procedure: 0400 CT - Brain and Orbits

Approval #:

Explained to Pt: Y

Req Phys: DR. BEAM

Preg: NA Shielded: NA

Reason: LEFT EYE MUSCLE ENLARGEMENT

Priority: Routine

Date to do: 04-09-04

Consent: Y Prepped: Y

Preg Status: Patient is Male

2nd Chk LMP: NA

LMP Status:

Cont. Sensitive: N

Alrgy/Food: NONE

Oral contrast: N

Alrg/Med: NONE

Alrgy: N

Comments:

Lab Tests: N Attempts: 1

Contrast: OMNI

Handicap:

Dose: 90

Time: 10:30

Resuscitate:

High Risk Falls:

Site: LT ELBOW

Tech: JANB

FOV: NA

Radiologist: Mark J. Welch, MD
0400 CT - Brain and Orbits

Date Typed: 4/9/2004

Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

IMPRESSION:

Normal CT brain and orbits.

Me

See revised reading
H. Beam

H. BEAM, MD
FCI MCKEAN

REVIEWED BY:

H. Beam
4/13/04

H. BEAM, MD
FCI MCKEAN

Electronic verification by Mark J. Welch, MD

4/15/04

000050

This report has been updated

* DEMAND PRINT REQUEST * 4413508-3

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4413508	11	04-09-04	06-30-62	41	M	370-78-2859		O	000225186

BAKER, DARRYL Phone#: (814) 362-8900 Date: 04/09/04
PO BOX 5000 BRADFORD PA 16701 Time: 10:31

Ref Phys:
Att Phys: PHYSICIAN, OTHER Adm Dx: LEFT EYE MUSCLE ENLARGEMENT
Adm Phys: Tech: JANB

Procedure: 0400 CT - Brain and Orbits
Approval #:

Explained to Pt: Y
Preg: NA Shielded: NA

Req Phys: DR. BEAM
Reason: LEFT EYE MUSCLE ENLARGEMENT
Priority: Routine
Date to do: 04-09-04
Preg Status: Patient is Male
LMP Status:
Alrgy/Food: NONE
Alrg/Med: NONE
Comments:

Consent: Y Prepped: Y
2nd Chk LMP: NA
Cont. Sensitive: N
Oral contrast: N
Alrgy: N
Lab Tests: N Attempts: 1
Contrast: OMNI
Dose: 90 Time: 10:30
Site: LT ELBOW Tech: JANB
FOV: NA

Handicap:
Resuscitate: High Risk Falls:

Radiologist: Mark J. Welch, MD
0400 CT - Brain and Orbits

Date Typed: 4/9/2004 Date Dictated: 4/9/2004

CT BRAIN AND ORBITS:

Axial scans of the brain were obtained before and after intravenous contrast administration. There is no displacement of the midline structures. The ventricular system is of average size and symmetric. No abnormal area of attenuation or enhancement is demonstrated. There is no evidence of mass effect or edema. The posterior fossa and brain stem are unremarkable. No mass is seen. No calcifications or soft tissue masses are noted.

IMPRESSION:

Normal CT brain and orbits.

Me

REVIEWED BY

[Signature]
4/12/04

H. BEAM, MD
FCI MCKEAN

Ord.Date 07/25/01 BAKER, DARRYL ORRIN R. GOLDE
19613-039
APPLY TO AFFECTED AREA TWO TIMES
A DAY

Rx # 7919 BACITRACIN/POLY B OINT #1

Ord.Date 09/19/01 BAKER, DARRYL ORRIN R. GOLDE
19613-039 (0)Refills
APPLY SPARINGLY TWICE DAILY

Rx # 9185 FLUOCINONIDE 0.05% CRM #1

Ord.Date 05/17/02 BAKER, DARRYL ORRIN S. MIDDLE
19613-039 (1)Refills
Exp.Date 06/13/02 APPLY SPARINGLY TWICE DAILY

Rx # 14828 FLUOCINONIDE 0.05% CRM #1

Ord.Date 07/01/02 BAKER, DARRYL ORRIN M. CONDO
19613-039 (1)Refills
Exp.Date 07/14/02 TAKE ONE TABLET 4 TIMES DAILY
UNTIL FINISHED

Rx # 15870 PENICILLIN VK 250 MG TAB #28

Ord.Date 07/20/02 BAKER, DARRYL ORRIN M. CONDO
19613-039 (0)Refills
Exp.Date 07/26/02 TAKE ONE TABLET 4 TIMES DAILY
UNTIL FINISHED

Rx # 16270 PENICILLIN VK 250 MG TAB #28

Ord.Date 09/19/01 BAKER, DARRYL ORRIN R. GOLDE
19613-039 (1)Refills
APPLY TO AFFECTED AREA TWO TIMES
A DAY

Rx # 9184 KETOCONAZOLE 2% CRM #1

Ord.Date 10/19/01 BAKER, DARRYL ORRIN S. MIDDLE
19613-039 (0)Refills
APPLY SPARINGLY TWICE DAILY

Rx # 9918 FLUOCINONIDE 0.05% CRM #1

Ord.Date 06/01/02 BAKER, DARRYL ORRIN T. TYGER
19613-039 (3)Refills
Exp.Date 06/28/02 TAKE ONE CAPSULE 4 TIMES DAILY
UNTIL FINISHED

Rx # 15168 DICLOXACILLIN 250 MG CAP #28

Ord.Date 07/13/02 BAKER, DARRYL ORRIN M. CONDO
19613-039 (0)Refills
Exp.Date 07/17/02 TAKE ONE TABLET 4 TIMES DAILY
UNTIL FINISHED

Rx # 16118 PENICILLIN VK 250 MG TAB #20

Ord.Date 08/08/02 BAKER, DARRYL ORRIN T. TYGER
19613-039 (0)Refills
Exp.Date 08/14/02 TAKE ONE CAPSULE 4 TIMES DAILY
UNTIL FINISHED

Rx # 16700 TETRACYCLINE HCL 250 MG CAP #28

000092

REGNO: 19613-039
PATIENT: BAKER, DARRYL
DOB: 06-30-1962

ARS: A-DES
UNIT: (NO ASSIGNMENT)
QUARTERS: (NO ASSIGNMENT)

DISABILITIES: NONE

ALLERGIES: NONE

RX #: 400126784

DRUG: SELENIUM SULFIDE 2.5% LOTION, 120 ML

SIG: USE TWICE A WEEK AS DIRECTED ON BOTTLE

QTY: 1 # OF REFILLS: 2

PHYS: MIDDLEKAUFF, SCOTT FILLED BY: 23

DIVISION: FCI LORETTO (114)

ISSUE/EXPR: 07-13-00/10-11-00

FILL DATE : 07-13-00

ACTIVE

2 REFILLS LEFT

○

000093

Pharmacy Services
EAN, PA 16701 814-362-8900

9202 J. GOMEZLEON 11/20/
DARRYL 19613-0
TABLETS EVERY 8 HOURS WITH FOOD

FEN 400 MG TABLET #30
0 REFILLS EXPIRES 12/20/96
Pharmacy Services
EAN, PA 16701 814-362-8900

29203 J. GOMEZLEON 11/20/
DARRYL 19613-0
TABLETS IMMEDIATELY THEN TAKE 1 TABLET
8 HOURS

ARBAMOL 500 MG. TABLET #15
0 REFILLS EXPIRES 12/20/96
Pharmacy Services
EAN, PA 16701 814-362-8900

130960 T. MONTGOMERY 12/28/95
DARRYL 19613-039
1 OR 2 TABLETS 3 TIMES A DAY WITH FOOD

OFEN 400 MG TABLET #20
0 REFILLS EXPIRES 01/27/96

Pharmacy Services
EAN, PA 16701 814-362-8900

130961 T. MONTGOMERY 12/28/95
DARRYL 19613-039
1 TABLET 4 TIMES A DAY

CARBAMOL 500 MG. TABLET #10
0 REFILLS EXPIRES 01/27/96

Pharmacy Services
EAN, PA 16701 814-362-8900

132638 J. GOMEZLEON 01/30/96
DARRYL 19613-039
1 TABLET EVERY 8 HOURS WITH FOOD

OPEN 800 MG TABLET #20
0 REFILLS EXPIRES 02/29/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400032639 J. GOMEZLEON 01/30/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET EVERY 6 TO 8 HOURS

METHOCARBAMOL 500 MG. TABLET #12
0 REFILLS EXPIRES 02/29/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400034538 H. SIDHON 03/11/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 4 TIMES A DAY

PSEUDOEPHEDRINE HCL 30 MG TABLET #20
0 REFILLS EXPIRES 04/10/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400034539 H. SIDHON 03/11/96
BAKER, DARRYL 19613-039
TAKE 2 TABLETS 3 TIMES A DAY AS NEEDED

ACETANINOPHEN 325 MG TABLET #30
0 REFILLS EXPIRES 01/27/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400037883 Dr. A. GUNTHER 05/13/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

IBUPROFEN 400 MG TABLET #20
0 REFILLS EXPIRES 06/12/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400037884 Dr. A. GUNTHER 05/13/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 4 TIMES A DAY AS NEEDED

METHOCARBAMOL 500 MG. TABLET #12
0 REFILLS EXPIRES 06/12/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400038324 G. CONNELLY 05/21/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY

IBUPROFEN 400 MG TABLET #21
0 REFILLS EXPIRES 06/20/96

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400048129 S. WALTER 12/27/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #21
0 REFILLS EXPIRES 01/26/97

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400048205 S. WALTER 12/30/96
BAKER, DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #15
0 REFILLS EXPIRES 01/29/97

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400062373 W. FLATT 11/25/97
BAKER, DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #21
1 REFILLS EXPIRES 12/17/97

Pharmacy Services
FCI McKEAN, PA 16701 814-362-8900

RX400064614 Dr. D. OLSON 01/23/98
BAKER, DARRYL 19613-039
TAKE 1 TABLET 3 TIMES A DAY WITH FOOD AS NEEDED

IBUPROFEN 800 MG TABLET #21
1 REFILLS EXPIRES 03/24/98

000094

Baker, Darryl
19613-039

RX400069481 T. MONTGOMERY 05/19/98
 BAKER, DARRYL 19613-039
 TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #9
 CG 0 REFILLS EXPIRES 05/27/98

Pharmacy Services
 FCI McKEAN, PA 16701 814-362-8900

RX400080567 W. FLATT 02/25/99
 BAKER, DARRYL 19613-039
 TAKE 1 TABLET 3 TIMES A DAY WITH FOOD

IBUPROFEN 800 MG TABLET #21
 CG 1 REFILLS EXPIRES 04/26/99

Pharmacy Services
 FCI McKEAN, PA 16701 814-362-8900

RX400085431 W. FLATT 08/09/99
 BAKER, DARRYL 19613-039
 TAKE 1 OR 2 TABLETS 3 TIMES A DAY AS NEEDED
 WITH FOOD

IBUPROFEN 400 MG TABLET #15
 CG 1 REFILLS EXPIRES 09/18/99

000095

PROBLEM LIST

ACTIVE PROBLEMS	DATE NOTED	INACTIVE/RESOLVED PROBLEMS	DATE IF RESOLVED
1. NKA	10-3-95		
2. Hx Poly substance abuse	10-3-95		
3. 2/29/04 / NKDA (φ Food (φ Environment)			
4/15/04 (L dental fx probably 2/27/04 mild entrapment @ superior rectus muscle -			
6/24/04 / NKDA (φ Food (φ Environment - 3 Dist/male/5 male)			
6/24/04 Chronic Tollund's			
01/10/05 CAR 1			
8-11-05 Hx Orbital Fracture			

BAKER

DARRYL ORRIN

19613-039

NAME

B/M/D/06-30-1962

HT/602 WT/190 HR/BK EY/BN

BIRTH DATE

CUSTODY/

SS/REG. NO.

PROBLEM LIST

Dec 2012 000096

Medication Summary Sheet

Chronic Conditions

Acute Conditions

Ord. Date 01/29/04	BAKER, DARRYL ORRIN 19613-039	S. LABROZZI (2) Refills
Exp. Date 04/27/04	TAKE ONE TABLET FOUR TIMES DAILY FOR 10 DAYS, THEN TAKE ONE TABLET TWICE DAILY	
Rx # 162674	ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #40	
Ord. Date 01/29/04	BAKER, DARRYL ORRIN 19613-039	S. LABROZZI (0) Refills
Exp. Date 02/17/04	TAKE ONE CAPSULE THREE TIMES DAILY AS NEEDED FOR ITCHING	
Rx # 162675	DIPHENHYDRAMINE 25 MG CAP #15	
Ord. Date 01/29/04	BAKER, DARRYL ORRIN 19613-039	S. LABROZZI (0) Refills
Exp. Date 02/27/04	TAKE ONE TABLET FOUR TIMES DAILY AS NEEDED FOR PAIN	
Rx # 162676	IBUPROFEN 400 MG TAB #30	
Ord. Date 03/11/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 03/30/04	TAKE ONE CAPSULE FOUR TIMES DAILY	
Rx # 164648	CEPHALEXIN 500 MG CAP #28	
Ord. Date 03/11/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 03/17/04	INSTILL 2 DROPS IN THE LEFT EYE FOUR TIMES DAILY FOR 5 DAYS	
Rx # 164650	SULFACETAMIDE OPHTHALMIC SOLN 10% ML #1	
Ord. Date 04/01/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 04/30/04	TAKE ONE TABLET EACH DAY	
Rx # 165404	KETOCONAZOLE 200 MG TAB #21	
Ord. Date 06/24/04	BAKER, DARRYL ORRIN 19613-039	R. PIOTROWSKI (3) Refills
Exp. Date 09/21/04	INHALE 2 SPRAYS IN EACH NOSTRIL TWICE DAILY	
Rx # 169204	FLUNISOLIDE NASAL SPRAY 0.025% ML #1	
Ord. Date 06/24/04	BAKER, DARRYL ORRIN 19613-039	R. PIOTROWSKI (0) Refills
Exp. Date 07/07/04	TAKE ONE TABLET THREE TIMES DAILY FOR 10 DAYS	
Rx # 169203	ERYTHROMYCIN DELAYED RELEASE 500 MG TAB #30	

Ord. Date 03/31/03	BAKER, DARRYL ORRIN 19613-039	B. SAYLOR (0) Refills
Exp. Date 04/06/03	TAKE ONE TABLET FOUR TIMES DAILY UNTIL FINISHED	
Rx # 145517	PENICILLIN VK 250 MG TAB #28	
Ord. Date 04/01/03	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 04/07/03	TAKE ONE CAPSULE FOUR TIMES DAILY UNTIL FINISHED	
Rx # 145586	CEPHALEXIN 500 MG CAP #28	
Ord. Date 04/01/03	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (2) Refills
Exp. Date 06/28/03	APPLY TO AFFECTED AREA 2 TIMES A WEEK AS DIRECTED **EXTERNAL USE ONLY**	
Rx # 145587	SELENIUM SULFIDE LOTION 2.5% ML #1	
Ord. Date 04/11/03	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 04/30/03	TAKE ONE CAPSULE FOUR TIMES DAILY	
Rx # 146355	CEPHALEXIN 500 MG CAP #40	
Ord. Date 04/11/03	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (2) Refills
Exp. Date 07/09/03	APPLY TO AREA, LATHER, THEN RINSE. USE 2 TIMES WEEKLY	
Rx # 146356	SELENIUM SULF LOTION 2.5% ML #1	
Ord. Date 03/31/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 04/13/04	TAKE ONE TABLET FOUR TIMES DAILY	
Rx # 165338	PENICILLIN VK 500 MG TAB #40	
Ord. Date 04/09/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 04/22/04	TAKE ONE TABLET FOUR TIMES DAILY	
Rx # 165811	PENICILLIN VK 500 MG TAB #40	
Ord. Date 04/22/04	BAKER, DARRYL ORRIN 19613-039	H. BEAM, MD (0) Refills
Exp. Date 05/05/04	TAKE ONE TABLET FOUR TIMES DAILY	
Rx # 166299	PENICILLIN VK 500 MG TAB #40	

BAKER, DARRYL ORRIN
19613-039
MCKEAN HOUSING FACILITY - Z05-
03/31/2003

FCI
McKean

000097

FEDERAL BUREAU OF PRISONS

[illegible]

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
10-1-97	Connaught	2440-11	11-98	QFA	5TH ID	C. R. Pinner, RD FCI Melrose	10/3/97	OXC	RCR
10-6-98	Connaught	2480-11	7/99	QFA	0.1 ID	M. L. Keane / FCI Melrose	10/8/98	Ox U	C. R. Pinner
10/2/99	Connaught	2506-11	5/5/99	QFA	5TH ID	C. R. Pinner, RD FCI Melrose	10/14/99	Ox C	C. R. Pinner
9/27/00	CONNAUGHT	CO151AA	10/6/01	QFA	0.1cc ID	Dr. J. H. Pinner, RD FCI Melrose	9/29/00	Ox mm	Dr. J. H. Pinner
9-12-01	Connaught	CO619AA	1-2-02	QFA	0.1ml ID	Dr. J. H. Pinner, RD FCI Melrose	9/14/01	Ox mm	Dr. J. H. Pinner
9/17/02	AVANTIS	CO984AA	5/14/04	LFA	0.1cc ID	Dr. J. H. Pinner, RD FCI Melrose	9/19/02	Ox U	Dr. J. H. Pinner
9/9/03	Park	CCU13P	5/04	LFA	0.1cc ID	Dr. J. H. Pinner, RD FCI Melrose	9-11-03	Ox C	Dr. J. H. Pinner
10/15/04	AVANTIS	C1336AA	01/05	LFA	0.1ml ID	Dr. J. H. Pinner, RD FCI Melrose	10/18/04	Ox C	Dr. J. H. Pinner
10/10/05	Avian	23081	6/5/07	QFA	0.1cc ID	Dr. J. H. Pinner, RD FCI Melrose	10/20/05	Ox C	Dr. J. H. Pinner

(This form may be replicated via WP)

Darryl Baker
14613-239

000098

HEALTH RECORD**IMMUNIZATION RECORD***All entries in ink to be made in block letters***VACCINATION AGAINST SMALLPOX** (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	11/8/85	0.5 cc	D. KAPEL, FMG PA	4			
2				5			
3				6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

Darryl Baker

19613-039

Patient's Name—last, first, middle initial;
 Sex; Age or Year of Birth; Relationship to Sponsor;
 Component/Status; Department/Service.

Sponsor's Name—last, first, middle initial;
 Rank/Grade; SSN or Identification Number;
 Organization.

000099**IMMUNIZATION RECORD**

Standard Form 601—October 1975 (Rev.)
 General Services Administration & Interagency
 Committee on Medical Records

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			3		
2			4		

INFLUENZA VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1			3		
2			4		

OTHER IMMUNIZATIONS

DATE	TYPE	DOSE	PHYSICIAN'S NAME	DATE	TYPE	DOSE	PHYSICIAN'S NAME
1				5			
2				6			
3				7			
4				8			

SENSITIVITY TESTS (Tuberculin, etc.)

DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1 10/4/55	PPD	0.1 cc	ID	0.0 mm	M. Doty
2 10/8/56	PPD	0.1	ID	0.0 mm (-)	D. OLSON, MD
3					
4					
5					

REMARKS:

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

*U.S. Government Printing Office: 1993 — 342-199/50251

000100

HEALTH RECORD**IMMUNIZATION RECORD***All entries in ink to be made in block letters***VACCINATION AGAINST SMALLPOX** (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION (Mechanically Imprinted, Type or Print):**FBI, MILAN, MICHIGAN**

Baker Daryl
 19613-039

▶ Patient's Name—last, first, middle initial;
 Sex; Age or Year of Birth; Relationship to Sponsor
 Component/Status; Department/Service.

▶ Sponsor's Name—last, first, middle initial;
 Rank/Grade; SSN or Identification Number;
 Organization.

IMMUNIZATION RECORD
 Standard Form 601 - October 1975
 General Services Administration and
 Department of Defense
 FORM 601-10-75

000101

POLIOVIRUS VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
			3		
			4		

INFLUENZA VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
			3		
			4		

OTHER IMMUNIZATIONS

DATE	TYPE	DOSE	PHYSICIAN'S NAME	DATE	TYPE	DOSE	PHYSICIAN'S NAME
				5			
				6			
				7			
				8			

SENSITIVITY TESTS (Tuberculin, etc.)

DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
12-9-95	PPD	0.1cc	ID	0.0mm	M. Doty

REMARKS:

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

U.S.G.

J-0-311-153/5507

000102

HEALTH RECORD**IMMUNIZATION RECORD***All entries in ink to be made in block letters***VACCINATION AGAINST SMALLPOX** (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print):

Baker Darryl
19613-039

◀ Patient's Name—last, first, middle initial;
Sex; Age or Year of Birth; Relationship to Sponsor;
Component/Status; Department/Service.

◀ Sponsor's Name—last, first, middle initial;
Rank/Grade; SSN or Identification Number;
Organization.

IMMUNIZATION RECORD

Standard Form 601—October 1975 (Rev.)
General Services Administration & Interagency
Committee on Medical Records
FPMR (41 CFR) 201-45.505

000103

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

SENSITIVITY TESTS (Tuberculin, etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	10-4-95	PPD	0.1cc	ID	0.0mm	m Day
2						
3						
4						
5						

REMARKS:

000104

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BAKER, Darryl			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. 19413-089	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION FOOD HANDLERS' PHYSICAL		6. DATE OF EXAMINATION 7/13/00	
7. SEX M	8. RACE BLK	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS FCI LORETTA				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR- MAL
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	*
	22. EARS—GENERAL (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements; nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae; Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

The following is a FOOD HANDLERS' PHYSICAL which determines if and inmate is medically cleared, free of infectious disease, and is able to work in Food Service. It determines if the inmate is free from: Acute or chronic inflammatory conditions of the respiratory system; Acute or chronic infectious skin diseases; Acute or chronic intestinal infection and/or communicable disease.

Chest clear to A&P
Sclera clear Bilat
Heart RRR 5 murmurs.

Skin 5 rashes or lesions

(Continue in Item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0 1 2 3 Restorable 32 31 30 Teeth			1 2 3 Non- restorable 32 31 30 teeth			1 2 3 Missing 32 31 30 Teeth			X X X Replaced 32 31 30 by X X X Dentures			X X X Fixed 32 31 30 Partial X X X dentures				
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
G																
H																
T																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

000105

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING		B. RECUMBENT		C. STANDING (5 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER	
SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.		SYS. DIAS.	
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/				CORR. TO 20/				BY S. CX			
LEFT 20/				CORR. TO 20/				BY S. CX			
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT								UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV /15 SV /15				250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192							
LEFT WV /15 SV /15				RIGHT LEFT							
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

PPD Status:

Date: 10/12/99 Results: 0 mm

CXR: (If applicable)

Date: Results:

RPR Status:

Date: 4/14/95 Results: NR

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

The patient is able to work in Food Service: Yes ☒ No ☐

The inmate received patient education and was advised to keep hands clean at all times while handling food, wear protective gloves when handling food, wash hands after using restroom and to report any suspicious rash or skin lesions, fever, night sweats or productive coughing to Health Services Staff. The patient voiced understanding of above instructions.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						F U L H E S					
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input type="checkbox"/> IS QUALIFIED FOR											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
MIDDLEKAMP PA-C						[Signature]					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Baker, Darryl</i>		2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>19613-039</i>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <i>X 4219 WINONA Flint MI. 48504</i>		5. PURPOSE OF EXAMINATION <i>A+O</i>		6. DATE OF EXAMINATION <i>11-8-95</i>	
7. SEX <i>m</i>	8. RACE <i>X Black</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY <i>BOP/DOJ</i>	11. ORGANIZATION UNIT <i>FCI McKean</i>
12. DATE OF BIRTH <i>6-30-62</i>	13. PLACE OF BIRTH <i>X Flint, mi.</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>X Robbie BAKER mother</i>		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean, Bradford, PA</i>			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 55, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, Fistulae, Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

abd. on @ side,

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth			Non-restorable teeth			Missing Teeth			Replaced by Dentures			Fixed Partial dentures					
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3			
32	31	30	32	31	30	32	31	30	32	31	30	32	31	30			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G																	F
H																	T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

000107

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'2" 52. WEIGHT 202 53. HAIR black 54. EYES brown 55. BUILD ☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE 56. TEMPERATURE 97.8

57. BLOOD PRESSURE (Arm at heart level) 58. PULSE (Arm at heart level)

59. DISTANT VISION 60. REFRACTION 61. NEAR VISION

59. RIGHT 20/20 CORR. TO 20/20 60. BY S. CX 61. CORR. TO BY

59. LEFT 20/20 CORR. TO 20/20 60. BY S. CX 61. CORR. TO BY

62. HETEROPHORIA (Specify distance)

ES° EX° R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION (mm) 64. COLOR VISION (Test used and result) 65. DEPTH PERCEPTION (Test used and score) UNCORRECTED

RIGHT LEFT (mm) 64. not 65. CORRECTED

66. FIELD OF VISION 67. NIGHT VISION (Test used and score) 68. RED LENS TEST 69. INTRAOCULAR TENSION

70. HEARING (mm) 71. AUDIOMETER 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

RIGHT WV /15 SV /15 250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192

LEFT WV /15 SV /15 RIGHT LEFT

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1) ⊖ H/o significant Hx.

2) Self. — Hx. — nothing significant

car accident 2 liver laceration when 14 in childhood

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

> Some blood in stool, x 2 mths — red at the end of defecation

33 y.o. ♂ EHM otherwise,

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Occult Stool exam.

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (If applicable)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

76. A. PHYSICAL PROFILE

P

U

L

H

E

S

B. PHYSICAL CATEGORY

A

B

C

E

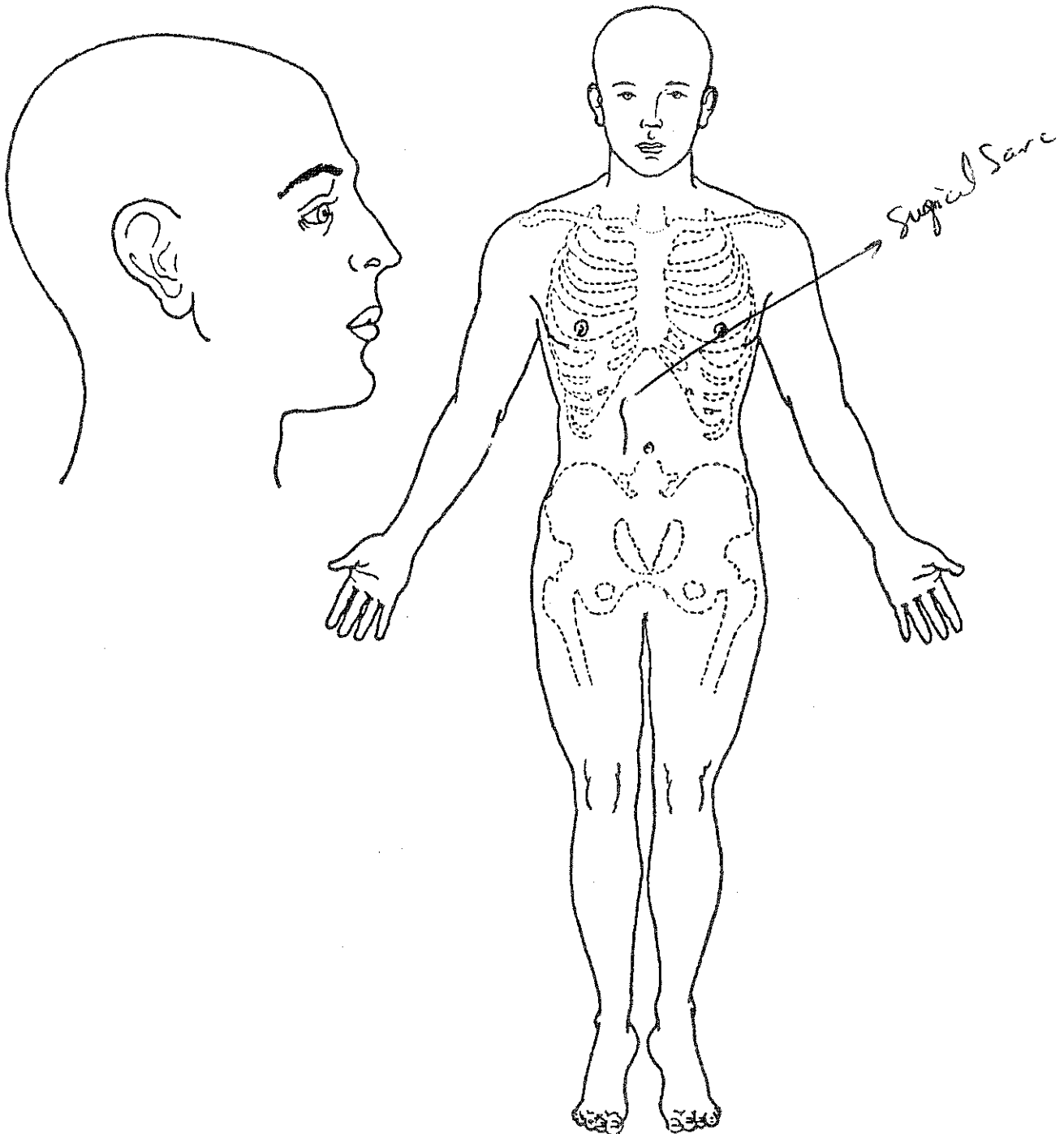
000108

531-110

NSN 7540-00-634-4274

MEDICAL RECORD

ANATOMICAL FIGURE



PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility.)

REGISTER NO.

19613-039

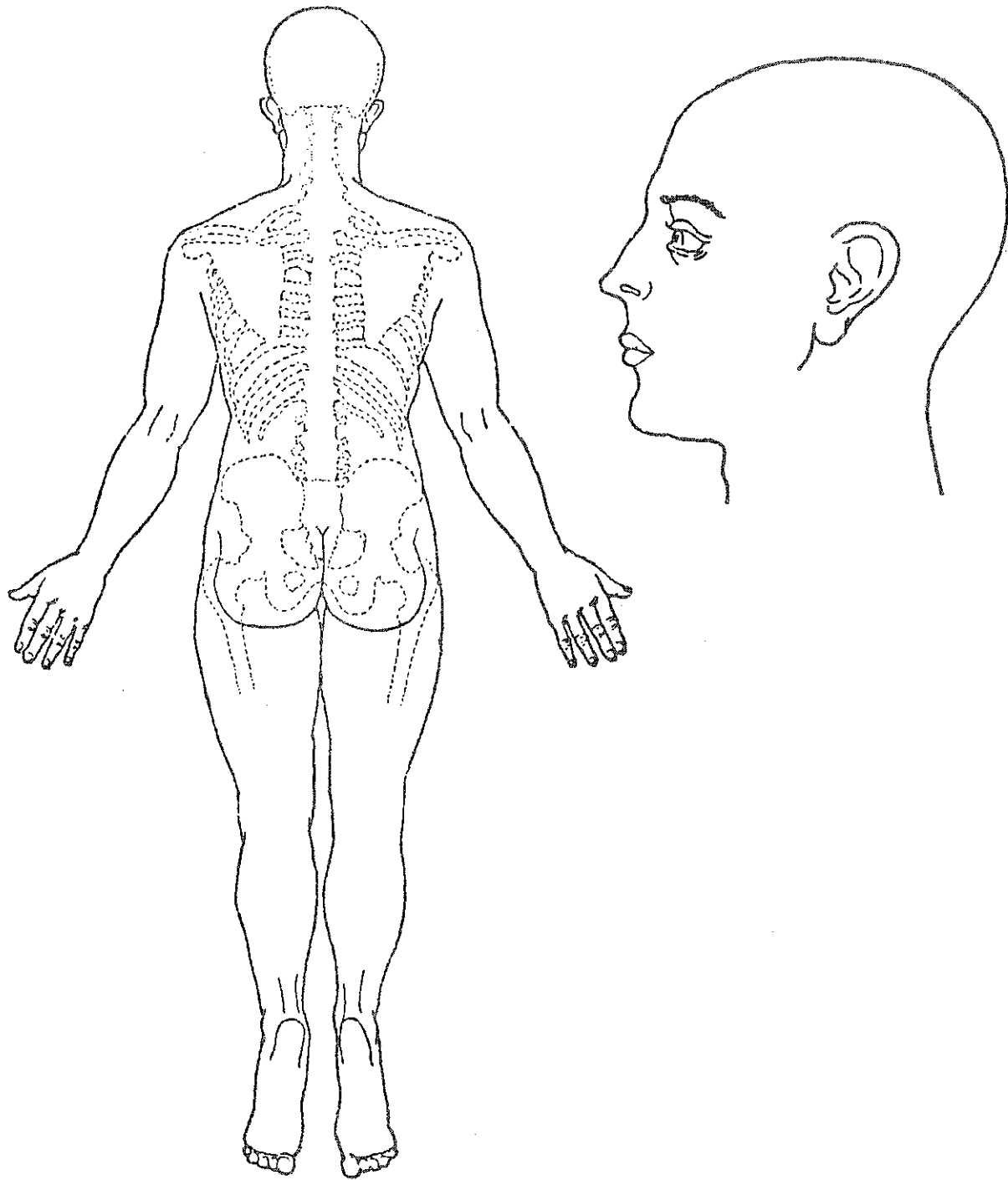
WARD NO.

Darryl Baker

ANATOMICAL FIGURE

STANDARD FORM 531 (Rev. 4-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

000109



000110